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"I Wish I Had Known the Truth Sooner": Middle School Teacher Candidates' Sexuality Education Experiences

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Abstract

While many general education classroom teachers encounter issues of sexuality in the middle school classroom, few teacher candidates feel prepared to address them. One source of information for teacher candidates is the role modeling provided by their own teachers when they were elementary and secondary students. In this study, 107 teacher candidates enrolled in a middle level preparation course completed five stem sentences describing their experience of being educated about sexuality when they were younger. The results revealed that 69% of the teacher candidates described poor role modeling. Most commonly, these teacher candidates detailed wanting "more" from their teachers—more depth and breadth, more honesty, and more commitment to providing sexuality information. They indicated that they would have liked to have teachers who were more comfortable with the subject matter and who covered topics such as love and relationships. Without preparation to address these topics, teacher candidates may have the impression that sexuality education is intimidating and uncomfortable and can be handled by a book, video, or outside consultant. Because of the likelihood that non-health teachers will be required to address sexuality, teacher preparation programs need to provide opportunities for teacher candidates to develop confidence and competence relative to sexuality education.

Introduction

When the topic of dealing with young adolescents' emerging sexuality is addressed in a middle level teacher preparation course at a mid-western university, teacher candidates often express their unease with their own preparedness. They may have seen situations during their middle school placements or heard stories from fellow students and

cooperating teachers that served to increase their anxiety. They may feel unsure about how and when to address sexuality with a population that spans early adolescence (10- to 15-year-olds). Their feelings echo a recent study about attracting teacher candidates to teach in middle schools that addressed dealing with "hormones and puberty issues" (Radcliffe & Mandeville, 2007, p. 265), which was one of several causes for potential teachers to shy away from teaching young adolescents. These responses inspired a closer examination of teacher candidates' experiences with sexuality education.

The importance of health and health education at the middle level is widely supported. One of the foundational characteristics described in *This We Believe: Keys to Educating Young Adolescents* (National Middle School Association [NMSA], 2010) specifically recommends the inclusion of health and wellness efforts in middle school settings. In *Turning Points: Preparing American Youth for the 21st Century*, Carnegie Council on Adolescent Development (1989) cited "eight principles for transforming the education of young adolescents" (p. 76) that included "improving academic performance through better health and fitness" (p. 81). Notably, in more than half of all middle schools, a general education classroom teacher teaches health education. (U.S. Department of Health and Human Services, 2006).

The topic of sexuality education, though rarely addressed in general education teacher preparation programs, is not the sole domain of the health education teacher. The preferred term "sexuality education" versus "sex education" encompasses the whole of human sexuality instead of focusing solely on "sex" as a physical act (Bruess & Greenberg, 2009). In fact, when narrowly defined to include only contraception, sexually transmitted infections, and sexual activity, it is difficult for middle school classroom teachers to see themselves as educating about sexuality. However, when the foundational vision of middle school includes the necessity of fostering health, wellness, and safety, and the definition of sexuality is broadened to include the whole of human development (i.e., relationships, personal skills and societal/cultural influences as well as sexual health and behavior), clearly the general education classroom teacher must address these topics, especially as students enter adolescence (Sexuality and Information Council of the United States [SIECUS], 2004). Topics such as human sexuality and sexually transmitted infection prevention are required instruction in two-thirds of all middle schools (Kann, Telljohann, & Wooley, 2007). In a study of fifth and sixth grades, Landry, Singh and Darroch (2000) found that 77% of sexuality education was taught by classroom teachers, compared to 13% by school nurses and only 10% by physical education, health education, or science teachers.

While some studies have addressed general education classroom teachers' efforts to address sexuality education, little is known about teachers' personal experiences regarding their education about sexuality. In his Social Cognitive Theory (SCT), Bandura posited that individuals learn vicariously through observation of others (McAlister, Perry, & Parcel, 2008). Students in a classroom observe the knowledge, attitudes, and behaviors of their teachers when the topic of sexuality arises. In turn, teachers' behaviors can be influenced by their own experiences when they were students; therefore, it is important to document those experiences in teacher candidates' own words. Using SCT as a guide, this study attempts to document the educational role modeling provided to teacher candidates. This becomes especially salient if role modeling is the dominant mechanism for informing a teacher's practice as it relates to sexuality education.

Researchers find that those providing sexuality education often lack preparation, either in their teacher certification programs or through district or school inservice programs. Specifically, preparation for general education teachers in health and sexuality varies from state to state (Summerfield, 2001). Most teacher preparation programs require some course work in basic health that gives a broad overview including chronic diseases, infectious diseases, alcohol and other drugs, nutrition, weight control, exercise, unintentional injuries, contraception and pregnancy (Cohall et al., 2007; Howard-Barr, Rienzo, Pigg, James, 2005; McKay & Barrett, 1999; Myers-Clack & Christopher, 2001). Given such a broad range of topics, it is possible to provide only a minimum of information on each. As a result, many teachers lack confidence and experience to address sexuality issues comfortably and appropriately as they emerge in the classroom and as they are overheard outside the classroom.

As Bandura suggested in his Social Cognitive Theory, teachers' exposure to role models informs the development of their own teaching behaviors (McAlister et al., 2008). Students observe a teacher's reactions to sexuality topics and from these draw

conclusions about normative behavior. For example, when the topic of menses comes up in a book in a literature class, does the teacher then discuss the conflicted emotions of the main character? Does he or she pass over the topic and ignore the uncomfortable laughter in the classroom? When parents and children are watching television and a character experiences a sexually coercive situation, does the parent broach the topic of sexual pressures and expectations in their own child's world? Does he or she tell the child, "I'd better never catch you doing that!" Social outcome expectations develop by observing how others respond. In his book *Schoolteacher: A Sociological Study*, educational researcher Dan Lortie (1975) described the "apprenticeship-of-observation" (p. 67). He suggested that, in the case of inadequate preparation mechanisms, either during preservice teacher preparation or during inservice professional development, other sources of information, such as teacher and parent role modeling, inform teachers' practice.

Because teacher candidates are unlikely to have had formal training about sexuality education, their role model exposure harkens back to how and what they were taught. Therefore, it is imperative that researchers examine those early role model experiences. What do teacher candidates remember being told about where babies came from? From whom did they learn about sex? Perhaps more important, how did their own teachers and parents educate them about sexuality? In essence, what are teacher candidates' experiences regarding their own education about sexuality? The current study addresses these questions for teacher candidates enrolled in a middle level education class.

Methods

In the authors' state, there is no separate middle level certificate. Those teaching middle school are required to get a middle level endorsement added to their elementary (K–9) or secondary (6–12) certificate. The course, *Middle Level Philosophy, Organization and Curriculum*, is one of the elementary program courses developed to meet the endorsement requirements. Teacher candidates, specifically undergraduate students in the elementary teacher certification program who were enrolled in this class at a mid-western university, were recruited for participation. Of the 114 teacher candidates, 24 were male, 90 were female. Of those 114, 107 returned usable information. As part of a larger study on teacher candidates' role in middle school students' emerging sexuality education needs, the teacher candidates were asked to anonymously complete five sentence stems asking about their own sexuality education experiences. The data were collected in March 2008 in four sections of the aforementioned middle level course.

Using guidelines from previous research using sentence stems (Knoff, 2002) and feedback from two sexuality educators, one middle school teacher, and one teacher educator, the sentence stems were reviewed to ensure that they were valid measures of teacher candidates' experiences and models of sexuality education. Minor wording and order changes were made to the original instrument, resulting in the following five items:

> *When I was younger, I thought babies came from…*
>
> *I learned about sex from…*
>
> *When it came to teaching about sexuality, my teacher(s)…*
>
> *When teaching about sexuality, I wish my teacher(s) had…*
>
> *My sex education when I was younger was…*

After completion of the sentence stems, teacher candidates' responses were entered into an Excel spreadsheet verbatim. Marshall and Rossman's (1999) sequential steps of organizing—generating categories, coding data, testing emerging understandings, and searching for alternative explanations—guided the analysis. The responses were read and, as themes began to emerge, preliminary categories were noted. Data were coded using the most specific category with the assumption that categories could be collapsed later if necessary. One quarter of the responses (27 completed instruments) for each question were coded by both researchers, and when disagreement occurred, it was discussed, and the data were re-examined until consensus was reached. After final coding, categories were established, and the data were cross-referenced to ensure each response was appropriate to the category. After sufficient agreement was established, the remainder of the data were coded separately (Potter & Levine-Donnerstein, 1999; Richardson, 1996). Where appropriate, frequency counts of the categories were calculated, and direct quotes were used to support the theme.

Limitations

The technique of stem sentence completion, while allowing some latitude in their completion, precludes responses that are as in-depth as a traditional interview format. Additional studies incorporating interview questions based on themes identified through this research would be illuminating. Also, while the majority of stem sentences focused specifically on sexuality education provided by teachers, it should be acknowledged that individuals are educated through a variety of means including, but not limited to, school. Another limitation of the study was that, although all teacher candidates were enrolled in a class leading to middle level endorsement, only a minority indicated that teaching at the middle level was their first choice. Finally, this study could only ascertain what the teacher candidates remembered about being educated about sexuality. While it is interesting and important to assess teacher candidates' perceptions, many of the situations they described occurred many years prior and may be subject to flawed recall.

Results

Demographics

The 107 participants were prompted to rank which grade levels they would like to teach upon completion of their certification; primary (grades 1–3), elementary (grades 4–6), and middle school (grades 6–9). Fifteen (14%) of the teacher candidates indicated they would prefer teaching middle school as a first choice. Although enrolled in a class leading to middle level endorsement, 63 (60%) indicated that middle school was their last choice.

Early Beliefs about Reproduction

Responses to the stem sentence *"When I was younger I thought babies came from…"* were divided into two categories: mythical beliefs and partial facts. Eighteen of the 107 teacher candidates revealed that the "stork" myth was common when they were children. Other beliefs included "the store," "the hospital," "...from magic," "...just appeared," "God put them in the hospital," "…the sky," "heaven" and "baby machines."

Though the second category was more accurate, because it involved humans in some way, 68 students revealed that they were given partial information about human reproduction. One-third of the teacher candidates reported believing that babies came solely from women, most commonly mothers' stomachs. Others reported believing that it took a man and a woman, but the act that resulted in a baby was still unclear or inaccurate. Nine reported finding out later about sexual intercourse.

Sources of Information about Sexuality

When asked to complete this question, *"I learned about sex from…,"* almost all teacher candidates listed a single source of information, while a few listed more than one. Interestingly, the most common responses were parents (44%)—overwhelmingly "my mother," and friends/peers (44%). The second closest response was school (38%), usually either "health class" or "sex education." More than a quarter of the teacher candidates mentioned some sort of media such as television, movies (e.g., "Cinemax"), music, books, and/or the Internet. Four specifically mentioned pornography: "magazines and books found in parents' bedroom," "Playboy magazines," for example. Others noted learning from cousins or siblings.

Positive Teacher Role Modeling

When asked to complete the stem sentence *"When it came to teaching about sexuality, my teachers...,"* 18% of teacher candidates described positive role modeling, while 69% described negative role modeling. For those with positive role models, the comments revealed their teacher(s) as willing to discuss sexuality. They recalled that their teachers "were very informational and professional in class," "only discussed it during the lessons but weren't all ashamed to answer" and "always taught us straightforward and to the point." Six who reported positive experiences with their teachers specifically mentioned their teachers being "open" to discussions and questions.

Negative Teacher Role Modeling

The majority of teacher candidates (69%) described negative role models. Thirty-four teacher candidates described their teachers as being reluctant, awkward, or defensive. Teachers were variously described as "timid," "obviously nervous," "not very open," and "defensive." Sixteen reported having no sexuality education at all, recalling that their teachers "avoided the subject," "never said a thing," and "never mentioned the subject!"

Six teacher candidates who did have some sexuality education felt their education was biased and/or inaccurate. For example, one candidate preparing to be a science teacher reported that her teachers "taught with old statistics and taught the same thing. Not what was really happening." Others recalled that their teachers often focused on the negatives of sexual activity such as unplanned pregnancy and STIs. "[My

teachers] made it sound like you had to be married, otherwise you would get an STD." One specifically recalled a heterosexist bias, reporting that "they taught us about heterosexual practices, diseases, and contraceptives. We never discussed different types of sexual preferences or gender."

Thirty-two teacher candidates (30%) remembered their sexuality education being taught not only as a separate topic but also by someone other than their general education classroom teachers. Fifteen mentioned sexuality being taught by the health teacher, with varying degrees of openness. Comments included "taught it during sex ed. class, but they never brought it up again," "some would give us information, like health teachers, others didn't say much" and "avoided, unless in health class." Other sources for sexuality education included the school counselor, school nurse, and outside presenters.

Seven teacher candidates remembered a "one shot" event, where they were separated by gender and each group was given a single lecture. One remembered that in the fifth grade at her Catholic school, her teachers "split the boys and girls up and explained things very anatomically. There was no real discussion of relationships, temptation, smart vs. poor choices—just body parts. … I think I told my mom to pull me out of this class." Two teacher candidates specifically remembered a fifth grade "period" talk.

Thirteen teacher candidates reported videos and books substituting for a teacher role model. Ten specifically remembered watching a movie as the whole of their sexuality education. Two reported that their teacher "read from a book and did not elaborate any further" and "taught straight from the book and somewhat awkwardly." Another remembered the school counselor gave her class "workbooks and showed us slides of STDs."

Sexuality Topics Addressed in School

In addition to providing examples of positive and negative role models for teaching sexuality education, some responses focused on the specific topics teacher candidates recalled being taught in school. In order of frequency, the topics most often mentioned included sexually transmitted diseases/infections (eight), reproductive anatomy (six), and abstinence (four).

While one teacher candidate had a sexuality education video course beginning in third grade, seven remembered sexuality being addressed for the first time in the sixth grade. Five mentioned instruction in the fifth grade that usually related to menstrual cycles and anatomy, and five others mentioned instruction in the seventh and eighth grade. Three remembered sexuality education in their health course in high school.

Ideal Sexuality Education Teaching

Upon being asked, "*When teaching about sexuality, I wish my teachers had..,"* five teacher candidates reported that they were satisfied with the sexuality education they received and wished for nothing different from their teachers. Eight who did not have any sexuality education simply wished their teachers had taught the topic. The remaining 72 participants who answered this question offered many suggestions.

Thirty-eight teacher candidates' comments specifically included the word "more" when reporting what they wished their teachers had provided. General comments included "[I wish they had] told us more," and "taught us more in depth," and "been more informational." Four expressed a wish that the sexuality education had started earlier. One teacher candidate planning to teach social studies upon graduation detailed her wish that her teachers had "started teaching it at a younger age." Several others wished that it had had not ended as they got older, one saying, "It seemed to stop after that one year or so."

More breadth. For 20 teacher candidates, "more" meant more topics covered. The most commonly mentioned sexuality topic that teacher candidates would have liked their own teachers to address was relationships, emotions, and love. One commented, "They talked so much about STDs and pregnancy, which is very important, but I feel that they should have discussed more about the emotional effects of sex." Four teacher candidates mentioned sexually transmitted infections and contraception (particularly if they reported attending a school with an abstinence-only-until-marriage curriculum). Topics mentioned by only one person included pregnancy, sexual physiological variations, masturbation, abortion, the menstrual cycle, and body image. "[I wish my teachers had] discussed the menstrual cycle more and body image. At this middle age, these topics were very popular and important."

Three teacher candidates specifically mentioned students needing more information about gender and sexual orientation. One recalled, "There were a few kids in my class that defied gender norms, and, as a result, they were treated like outcasts. Children are more likely to make fun of something they don't understand." Another wished her teachers had

"explained more on homosexuality. Especially since some of my friends are gay. And it seems like students need to be educated so they understand that issue. Maybe people would be more accepting."

More depth. Seven teacher candidates specifically remember wishing that their teachers had allowed more depth of discussion about sexuality. They were not allowed to ask questions and were often left without answers or referrals to find information they needed. One would have liked her teacher to have "talked about it more instead of just using the text." Three mentioned wanting time for discussions in class. One specifically suggested that teachers allow for anonymous questions that could be answered in class, and several would have liked more accessible teachers. Another wished her teachers had "been more open with us to questions and even available after school."

More honesty. The issue of honesty came up in four preservice teachers' responses. One teacher candidate who commented that her teachers gave misleading information about STDs wished her teachers had "been more honest." Two others wished their teachers "actually believed in what they were teaching" and "[had] been more confident and honest" and had not felt like "they had to sugar coat everything."

More relaxed. Some addressed the style of teaching about sexuality. Fifteen teacher candidates wished their teachers had been able to feel more comfortable. While most simply replied they wished teachers had been "more casual," "more open," or "more comfortable," one went into detail, saying, "[I wish my teachers] ... had been more normal and not so stoic. It seemed like all health conversations were formal and uncomfortable." Another felt that the nervousness of the teacher threatened the learning environment. Acknowledging the difference in teaching about sexuality versus other topics, one teacher candidate wished her teachers had "not been so formal. They taught it like they would teach math or any other subject."

More commitment. Three teacher candidates specifically called for a stronger commitment to teaching about sexuality, due to the importance of the topic and the paucity of information for some students. One wished her teachers had "made a bigger deal about it. Some kids don't learn from their parents." The importance of sexuality education was emphasized by a teacher candidate who wished her teachers had "led discussion or brought in speakers to lead discussions with the students so that those students who do not receive any information at home could be educated and not completely ignorant about sexuality."

General Perceptions of Sexuality Education Experience

When asked to complete the final stem "My sex education when I was younger was…," the teacher candidates provided two main responses; negative evaluation or positive evaluation. Of the 104 who responded to this question, 71% gave a negative evaluation of their experiences, 18% gave a positive evaluation, 3% gave a mixed evaluation, and 8% simply gave non-evaluative information (e.g,. "a class at school and my mom"). Negative evaluations included, "horrible," "not very complete," "inadequate and impersonal," and "short and sheltered." The most common response was simply, "limited."

However, 19 teacher candidates reported positive assessments of their sexuality education when they were younger. Their responses included, "informative," "very thorough," "mostly a positive experience, but scary," "really good and in large quantities" and "pretty informational; I carried this information with me and learned from it!" One teacher candidate stated her sexuality education was "done the right way." Another said, "It seemed good at the time. Looking back, I believe they did well."

Discussion

Responses to the first question "When I was younger I thought that babies came from…" revealed common childhood misconceptions about reproduction. Such misconceptions can be confusing, sometimes frightening, and often embarrassing as the child ages. Early childhood educators recommend that preschool children be given simple yet accurate information such as "both a man and a woman are needed to start a baby," and older preschoolers can be told that a woman has a special place to grow a baby, called a uterus (Early Childhood Sexuality Education Task Force, 1998, p. 15). Starting in early elementary school, children can and should be given more information about how a sperm and egg meet (Sexuality Information and Education Council of the U.S., 2004).

When asked to recall their own experiences being educated about sexuality by their teachers, the majority of teacher candidates described an atmosphere in which sexuality either was completely absent or discussed in a very limited way. The

message given to the students is that sexuality education is embarrassing, intimidating, awkward, and uncomfortable. It is not presented as part of the regular curriculum, but it is simple enough that it can be taught as a one-time event and sometimes by someone lacking teaching credentials. Discomfort pervades the classroom atmosphere, and students are discouraged from asking questions. Anecdotally, this viewpoint is reflected in a local school district where, each year, the school nurse shows "the video" at the end of the day, immediately before a three-day weekend to limit the opportunity for student-teacher interaction. It can be disconcerting when teachers who may have embodied confidence in other subjects, suddenly either do not address sexuality, minimally address it, or have someone else present the information. The message is given that sexuality education cannot, or should not, be the responsibility of the classroom teacher. While only one source for students, if the school does not supply good information, students tap far less reliable sources such as media and peers.

It is also important to note that communities and districts may have set the standards that dictate the type of sexuality education allowed in a classroom. Teachers in districts that support comprehensive sexuality education are likely to be perceived as more confident, competent, and open than those in abstinence-only districts. Individual teachers' behavior may not reflect their own training or philosophy, yet each still provides important role modeling (positive, negative, or absent) for future classroom teachers.

While it is tempting to assume that those who did not receive a stellar sexuality education in school will successfully compensate in other ways, this is not always the case. Peers and even parents may have similarly limited educational experiences. The quality of media information varies wildly. While youth can find excellent websites (e.g., www.advocatesforyouth.org and www.teenwire.org), the Internet is also a repository of easily-accessed pornography, rife with misogyny and misinformation. Television and movies are another source of information, but again, solid educational offerings are rare. For the 42% of students whose education stops after high school, the only school-based health education they will receive is through their elementary and secondary education experiences (Davis & Bauman, 2008). Many have gaps in their knowledge, as illustrated by one teacher candidate wishing she had "known the truth sooner."

For those who continue their education after high school graduation, few universities require all students to take a health education class and fewer still require a human sexuality course as a general education requirement. If an undergraduate enrolls in a health education class, the time spent learning about sexuality varies. Most personal health classes at universities cover a variety of health topics such as nutrition, fitness, alcohol and drug use, stress, and disease prevention and, so, can only spend a portion of the semester addressing love, contraception, sexually transmitted infections, and other sexuality topics.

Even regular classroom teacher candidates, who are likely to be responsible for teaching sexuality at the middle level, are unlikely to have college health classes (Thackeray, Neiger, Bartle, Hill, & Barnes, 2002). Only 18 states require non-health teachers to complete health education coursework as part of their preparation (Lovato & Rybar, 1995). It is unlikely teacher candidates will have health education training, and less likely that they will have sexuality education methods coursework. This lack of preservice preparation, paired with incomplete sexuality education prior to college, perpetuates the cycle of inadequate sexuality education. Teachers lack both role models and foundational knowledge, leaving them ill equipped to teach or address sexuality. As a result, their students are provided with generally poor sexuality education, and the cycle continues.

Middle school sexuality education exists in a netherworld between the P–5 classroom and the high school health class. The topics addressed in middle school are likely to be more intimate than in prior elementary years, and, at the same time, students are less likely to have a trained health teacher as a resource than during high school. While several studies examine the topic of elementary level teachers and sexuality education, research on middle school teachers and sexuality education is nearly absent (Burak, 2002; Price, Dake, Kirchofer, & Telljohann, 2003; Telljohann, Everett, Durgin, & Price, 1996; Thackeray et al., 2002). Lack of preparation for the emerging sexuality of middle school students can be a challenge for teacher candidates.

In part because few opportunities exist for teachers to receive inservice training in health topics, many regular classroom teachers demonstrate low self-efficacy when teaching about sexuality (Telljohann et al., 1996). In interviews with elementary teachers, Thackeray and colleagues (2002) reported that teachers prefer having outside professionals present

health education, perhaps indicating a lack of confidence in their own teaching. Successful inservice programs have shown increases in both the amount of time teachers spend on health topics and their self-efficacy (Telljohann et al., 1996). When asked, teachers express a need for teaching materials, strategies, and basic facts about sexuality (Landry et al., 2000).

The National Middle School Association (2001) recommended that teacher preparation programs train candidates to "understand the issues of young adolescent health and sexuality" (p. 5), yet many teachers are not prepared. Programs must include sexuality education content and methods for non-health teachers, because middle school teachers are likely to be responsible for teaching sexuality education. The goal for teacher preparation programs is to produce teachers who are competent and confident. The positive experiences reported by 18% of the teacher candidates in this study offer clues about what a model teacher provides. Model teachers are open, relaxed, knowledgeable, and responsive to students' needs. Descriptions of the positive role models included in this study can become goals for teacher preparation programs.

Implications

The implications of this recent study are twofold: first, issues that affect schools, communities, and parents; and second, issues that affect the preparation of teachers of young adolescents. In *This We Believe… And Now We Must Act*, Jean Schultz (2001) outlined a course of action and provided numerous resources for middle schools to develop such programs that involve both parents and communities. She suggested that past practice "reveals only cursory attention to health programming" and now "all educators have a part to play in … reducing risky behaviors among young adolescents" (p. 100). Listing three major reasons for educators to take on this task; cost of poor health practices, impact of poor health on students' learning, choices made in middle grades affect lifelong health—Schultz outlined the necessary responses contingent upon communities, schools, and individuals to address these concerns. The goal is a healthy school environment, not only in the physical plant (i.e., light and ventilation), but one that has "expanded to include the implementation of policies and practices that protect and promote students' emotional, social, and mental health" (p. 104).

More problematic, however, are the issues for teacher preparation. For those states that currently have middle level certification, teacher preparation programs could begin to address the concerns raised in this study in their programs and call upon the health educators in their institutions to help develop a curriculum. In states with no separate middle level certification, this is a greater challenge. In elementary or secondary programs, the necessary coursework to obtain whatever licensure is required to teach in middle school usually consists of two to three additional courses including adolescent development, middle level philosophy, curriculum and organization, and depending on the initial certification some literacy coursework. So, where might these programs begin to infuse information to prepare teachers to deal with the emerging sexuality of their students? Obviously, adolescent development courses could include components dealing with emerging sexuality issues that arise in the school setting. Other likely avenues for attending to this topic in add-on middle level licensure programs include foundations or multicultural courses in which sexual orientation and gender roles could be addressed. The Association for Childhood Education International has a health standard that many programs meet with a course; this, too, might be the place to infuse the necessary information. The possibilities exist to do a better job of preparing teachers on this topic, and we believe it is incumbent upon programs to find the best fit for their individual situation.

Future Research

The past decade saw record federal funding of abstinence-only-until-marriage sexuality curricula (Kantor, Santelli, & Balmer, 2008). Undergraduate students who attended elementary and secondary school during those years are likely to have been affected by those funding initiatives. It is possible that their experiences are quite different from older individuals who may currently be serving as their professors. It is important to be aware of differences that may exist when teacher and student do not share a common general experience. Future studies could be used to explore these important differences.

The intent of this study was descriptive in nature to document teacher candidates' experiences being educated about sexuality. Further study examining how those experiences relate to candidates' own classroom teaching is needed. Are those who have positive role modeling more efficacious? Previous

research established that successful inservice programs have shown increases in both the amount of time teachers spend on health topics and participants' self-efficacy (Telljohann, et al., 1996). Would this finding apply when specifically addressing sexuality topics? Can teacher education programs ameliorate negative role modeling experiences? It would be important to replicate study, expanding it to teacher candidates who are completing middle level endorsement within a secondary education preparation program versus those who plan to teach middle school exclusively. We hope these questions and issues will be addressed in future studies.

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